

MDR Tracking Number: M5-05-1183-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-17-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening and work hardening add-on from 3-15-04 through 3-25-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-5-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 97545WHCA on 3-16-04, 3-18-04, 3-22-04, and 3-24-04 was denied by the carrier with an "N" - documented services do not meet minimum guideline and/or the rules contained within the applicable AM CPT/HCPCS coding guidelines. The requestor sent no additional documentation to support rendering this work hardening service. **Recommend no reimbursement.**

CPT code 97546WHCA on 3-18-04, 3-22-04, and 3-24-04 was denied by the carrier with an "N" - documented services do not meet minimum guideline and/or the rules contained within the applicable AM CPT/HCPCS coding guidelines. The requestor sent no additional documentation to support rendering this work hardening service. **Recommend no reimbursement.**

This Decision is hereby issued this 11th day of February 2005.

Donna Auby

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 2/10/05
Injured Employee:
MDR : M5-05-1183-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Denied

REQUESTED SERVICE:

Please review the item in dispute regarding CPT codes 97545WH work Hardening, 97546WH Work Hardening add-on. Denied by carrier for medical necessity with "V" codes.

Dates of Service in dispute: 03/15/2004 through 03/25/2004

Please do not review items marked "F"

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 1/4/05, **concerning** the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for work hardening from 03/15/2004 through 03/25/2004 is not established upon review of the documentation.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/4/05
- TWCC MR-117 dated 1/5/05
- TWCC-60 stamped received 12/17/04
- Hartford Medical Management Center: EOB for DOS 3/15/04 to 3/24/04
- Specialty Risk, Inc: Health Insurance Claim Form for DOS 3/15/04 to 3/25/04
- MDR Requests dated 1/12/05, 12/15/04
- Letter of Medical Necessity dated 8/24/04
- Rehab 2112: WC/WH Program Daily Notes/Fee Slips dated 3/15/04 to 4/5/04; Psychology Group Note dated 3/31/04, 3/19/04; Case Management Summaries dated 3/17/04 to 4/7/04; Patient Release Worksheet dated 1/6/04; Job Description Request dated 3/10/04; Patient Orientation and Education Checklist dated 3/15/04; Initial FCE dated 3/10/04; Impairment Rating/FCE Billing Form dated 1/6/03; Injury Impact Questionnaire dated 3/9/04; Comprehensive Pt Exam dated 1/6/04; Work Program Participant Intake Sheet dated 2/16/04; Notice of Disputed TWCC Claim & or compensable body part dated 2/17/04; Patient's Notice of Dispute (undated)
- Lone Star Radiology: Cervical Spine Study dated 1/9/04, Thoracic Spine Study dated 1/16/04
- Open Air MRI: MRI of Cervical Spine dated 1/23/04
- Accident and Injury Pain Centers Group: Memo dated 4/8/04; Patient Satisfaction Survey dated 3/18/04; Daily Progress Notes dated 1/6/04 to 4/2/04; Questionnaire/Personal History dated 1/9/04; Diagnosis and Tracker sheets dated 1/9/04; Patient Compliance Worksheet;
- TWCC 73 dated 4/2/04, 3/22/04, 2/23/04, 1/23/04, 1/9/04
- TWCC-41E/S dated 1/9/04
- Genex Services fax to Dr. Sanghani dated 2/2/04
- James Laughlin, DO: Referral letter dated 3/4/04; Examination dated 2/12/04
- Accident & Injury Chiropractic Referral Forms dated 1/21/04 to 1/26/04
- Marlon Padilla, MD: Intake Medical Report dated 1/16/04; Medical Consultation dated 2/11/04
- Baylor University Medical Center: ER Records for 1/6/04

Records indicate that the above captioned individual, a 43-year-old male, was allegedly injured as a result of an occupational incident. The history reveals that this individual was involved in a traffic accident on

_____ during the course of his normal employment as a delivery driver. He presented to Baylor Emergency Center where he was X-rayed and treated with medication management. The injured individual presented to the office of the Attending Provider (AP) on 01/09/2004 with complaints of the neck and low back pain. Examination yielded a diagnosis of cervical and lumbar sprain/strain. Chiropractic management ensued. Radiographic findings to include MRIs were negative for significant pathologies. A Functional Capacity Examination (FCE) dated 03/10/2004, revealed that the injured individual was functioning at a Medium physical demand level (PDL) and his job required a Light PDL. Ranges of motion were at normal to near normal levels. A psychological interview revealed psychosocial issues that were possibly negatively impacting his progress. Work Hardening ensued. The injured individual was poorly compliant with the program and voluntarily discontinued his participation after 12 sessions.

The initial FCE, dated 03/10/2004, performed prior to the initiation of the work hardening program, established the injured individual's physical demand level as Medium. The same FCE establishes that the injured individual's job required PDL as Light. The injured individual did independently report that he was required to infrequently lift 45-50 pounds, but generally 10-20 pounds. Under the most generous of definitions, the injured individual's job-required physical demand level could be interpreted as Medium which still favorably matched his physical demand level as performed at that time. Moreover, the injured individuals measured objective findings were generally in the normal to near normal ranges, except for conditioning which measured well below expected levels. However in regards to conditioning specifically, the injured individual's job did not clearly require any conditioning, and further it is not evident that the injured individual was performing at a conditioning level significantly less than before his injury. Similarly, it could not be reasonably expected that significant de-conditioning could have occurred from the date of injury _____ to the date of the FCE on 03/15/2004, over the span of two months. The FCE does report that the injured individual did have significant psychosocial issues that could have been hindering progress and affecting a prompt return to work. However, it could not be reasonably expected that the same two month time span would have resulted in significant psychosocial issues that would be causally related to the injury and associated period of convalescence. Moreover, given the fact that the injured individual was performing at or beyond his expected PDL, any psychosocial issues could have been treated independently of the multi-disciplinary type work hardening program.

In light of the issues raised in the above discussion, the medical necessity for the work hardening captioned and described above is not established.

REFERENCES:

References utilized in this review include but are not limited to:

1. The ACEOM Guidelines
2. Health Care Guidelines by Milliman and Robertson Volume 7
3. North American Spine Society Guidelines
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters: Practice Parameters from the proceedings of the Mercy Center Consensus Conference, Agency for Health Care Policy and Research (AHCPR)
5. Procedural Utilization Guidelines.

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

10th day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____